

Commonwealth of Virginia  
Department of Professional and Occupational Regulation  
Post Office Box 11066  
Richmond, Virginia 23230-1066  
(804) 367-6166



Polygraph Examiners Advisory Board  
SUPERVISOR ENDORSEMENT FORM

The individual serving as the supervisor of the intern applicant must complete this form.

1. Applicant's Name  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Generation (SR, JR, III) \_\_\_\_\_
2. Applicant's Social Security Number \* 

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3. Supervisor's Name  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Generation (SR, JR, III) \_\_\_\_\_
4. Do you hold a polygraph examiner license issued by the Virginia Polygraph Advisory Board?  
No ☐ \* If no, you must submit evidence of your qualifications to supervise the applicant's internship.  
Yes ☐ Virginia License Number 1 6 0 1 Expiration Date \_\_\_\_\_  
\* A Certification of Good Standing, dated within the last 60 days from the state or jurisdiction in which you are licensed, certified or registered must be attached.
5. Supervisor's Business Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_
6. Telephone & Facsimile Numbers  
Telephone ( ) - \_\_\_\_\_ Facsimile ( ) - \_\_\_\_\_  
Beeper/Cellular ( ) - \_\_\_\_\_
7. Describe the frequency of contact expected between you and the intern during the applicant's internship.  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe the procedures you plan to use to review and evaluate the intern's performance.  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe the polygraph techniques the intern will be using during the internship.  
\_\_\_\_\_  
\_\_\_\_\_
10. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to issue a Polygraph Examiner Intern Registration to the above-named applicant. I agree to supervise the applicant's internship as required by the *Polygraph Examiners Regulations*. I understand that I must provide personal and direct on-premise supervision of the intern and review all the intern's charts prior to rendering any opinion or conclusion on any polygraph examination administered by the intern. I also understand that I must submit a written statement to Department of Professional and Occupational Regulation when the internship has been successfully completed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.